2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 04, 2005 8:00 am DOCUMENT # N97000001789 **Secretary of State** 1. Entity Name 02-04-2005 90046 035 ****61.25 OMAHA GARDENS CONDOMINIUM, INCORPORATED Mailing Address Principal Place of Business 5026 CUMBERLAND LANE 8376 OMHA CIRCLE SPRING HILL FL 34608 SPRING HILL FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State 4. FEI Number City & State 01-9307416 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELLNIAK, ALFRED Street Address (P.O. Box Number is Not Acceptable) 5026 CUMBERLAND LANE SPRING HILL FL 34607 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be П Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PTD TITLE ☐ Change Addition TITLE ☐ Delete BELNIA ALFRED NAME 5000 CUMBERLAND LANE STREET ADDRESS STREET ADDRESS SPRING HILL FL 33607 CITY-ST-ZIP CITY-ST-7IP SD ☐ Delete Change ☐ Addition TITLE TITLE BELNIAG, MARLENE NAME NAME 5000 CUMBERLAND LANE STREET ADDRESS STREET ADDRESS SPRING HILL FL 33607 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE BELNIAK DAVID A NAME 5000 CUMBERLAND LANE STREET ADDRESS STREET ADDRESS SPRING HILL FL 33607 CITY-ST-ZIP CITY-ST-7IP ■ Addition ☐ Detete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other movement.

FILED

Daytime Phone #